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THE RURAL DISTRICT OF LODDON

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The Annual Report of the Medical Officer of Health, together with the Report of the Public Health Inspector for the year 1956.



Mr. Chairman, Ladies and Gentlemen,

I have the honour to present for your information and consideration the Annual Report for 1956.

The general health of the District throughout the year continued to be very satisfactory. The birth and death rates compared favourably with that of England and Wales as a whole. There was a moderate amount of measles, whooping-cough, and scarlet fever during the year and most of the commoner communicable diseases were represented by at least a few cases.

The year 1956 was memorable in that it marked a widespread, if limited, use of a vaccine for protection against poliomyelitis.

The implementation of new housing schemes received a severe check as a result of financial restrictions; unfortunately it was also a year which started with the best intentions for the elimination of sub-standard houses in accordance with the requirements of the Rent and Repairs Act 1954. However, the building of Council houses to re-house those displaced from condemned property has received financial encouragement from the Ministry of Housing. Plans to improve or extend water supply and sewerage schemes were also affected by the financial difficulties of 1956; approval of any particular scheme depended largely on its urgency from the public health point of view.

Action was taken throughout the year to secure higher standards of food hygiene in food premises in accordance with the Food Hygiene Regulations, 1955, in an attempt to reduce the mounting national incidence of food-borne disease. But legislation is not the final answer: personal care on the part of managers and employees is, of the greatest importance and consumers, by demanding hygienic treatment of the food they purchase, can make a very valuable contribution to this problem.

The ever-widening field of public health activities has caused Parliament to change the title of "Sanitary Inspector" to that of "Public Health Inspector". The new title more aptly describes the various duties and responsibilities which the Inspector of today is required to accept and, more important still, it is a further indication in public health services of the shifting emphasis from the study of man's environment to the study of man himself in relation to the society in which he lives. That relationship is now receiving the same kind of attention as did man's physical afflictions in the early days of doctoring and is an explanation of the ever increasing interest in the subject of mental health. In this connection the following quotation is made from the Ministry of Health Annual Report, 1955:

"Many of the troubles besetting humanity have their origin in emotional disturbances and the science of mental health is beginning to evolve from a study of these phenomena. It must be admitted that many of our ideas on the subject are in that nebulous state which generally precedes the formation of more solid concepts. But, as knowledge grows, means of promoting mental health will be evolved and increasingly the emphasis will be placed on prevention rather than remedy".

There is little need to stress the ways by which a local authority, through its various activities, can make a significant contribution to promoting good mental health in the community which it serves.

II. Administration

Clerical assistance for your Medical Officer of Health is carried out by the Senior Clerk and staff at the Local Health Office, Norwich, while close touch is maintained with the Loddon office.

Mr.K.S.Starling, C.R.S.I., M.S.I.A., M.I.H., assisted by Mr.R.W.Garrood, M.R., San.I., R.S.I.A., continued duties as Public Health Inspectors throughout the year.

III. Vital Statistics.

(a) Population

The Registrar General estimates the population of Loddon Rural District at 12,790 compared with 12,770 in 1955.

(b) Births

There were 191 live births recorded during the year: 92 boys and 99 girls. In 1955 there were 163 births. The crude birth rate for 1956 was, therefore, 14.9 per 1,000 of the resident population compared with 12.8 in 1955.

(c) Deaths

The number of deaths during the year was 143 and the crude death rate was, therefore, 11.2 compared with 9.8 in 1955. One hundred and seventeen of these deaths occurred in the 60 to 100 age group. Eighty-five deaths were caused by diseases of the heart and arteries; there were fifteen deaths from cancer (two from lung cancer - both males). There were three deaths from motor vehicle accidents, one death from other accidents and two cases of suicide.

(d) Comparability Factor

The comparability factor makes an approximate allowance for the way in which the sex and age distribution of the local population differs from that of England and Wales as a whole. The comparability factors as supplied by the Registrar General for births and deaths in Loddon District are 1.08 and 0.90 respectively. When the actual birth and death rates of Loddon District are multiplied by these factors the resulting rates can fairly be compared with the rates for England and Wales. The adjusted birth rate for Loddon District thus becomes 16.1 compared with 15.7 for England and Wales and the death rate 10.1 compared with 11.7 for England and Wales.

(e) Infant Mortality

There were two infant deaths, both caused by broncho-pneumonia. The infant mortality rate (deaths under one year of age per 1,000 live births) was, therefore, 10.5. The infant mortality rate of England and Wales in 1956 was 23.8 (the lowest ever recorded).

(f) Expectation of Life (England and Wales)

In 1841 the expectation of life, at birth, was 40 years for boys and 42 years for girls. In 1955 the expectation of life remained the same as in 1954 i.e. 68 years for boys and 73 years for girls.

More people are living to old age than ever before. It is estimated that by 1979 there will be nearly ten million people of pensionable age while the number of persons of working age will remain much the same as in 1951. At that time there were less than seven million people of pensionable age.

This is the reason why increasing attention is given to the health and social problems of the aged particularly the need for suitable housing under happy social conditions.

IV. Infectious Diseases

(a) One hundred and twenty one cases of infectious diseases were notified by general practitioners during 1956 compared with seventy three in 1955. Thirty eight of the notifications were measles, seventeen whooping-cough, and thirty six scarlet fever.

(b) Diphtheria

There have been no cases of diphtheria in Loddon District for a number of years but this disease has not yet been completely eradicated from England and Wales. There were 155 notified cases in 1955 compared with 173 in 1954. The number is steadily declining year by year. It is as well to recall that in 1945 there were 18,500 notified cases with 722 deaths. In order to obtain eradication of the disease it is considered necessary to secure immunisation of at least 75% of babies before their first birthday. In England and Wales the percentage of babies immunised is no more than half the required percentage. An analysis of the details of the cases and deaths (22) in 1954 and 1955 demonstrates the need for early immunisation and booster doses.

In Area 5 (Districts of Diss, Depwade, Loddon and Wymondham) special attention was paid to diphtheria immunisation in 1956. One thousand six hundred and ten diphtheria immunisations were carried out: 523 of these were primary immunisations of children under five years of age (390 under one year of age). Considering the births of the Area (596 in 1956) this immunisation rate is reasonably good. 948 booster doses were given to school children.

(c) Polionyelitis

There have been no cases of polionyelitis in Loddon District since 1955, when there was one case notified. There have been only two notified cases in the past five years. In 1955 there were 3,712 cases of paralytic polionyelitis in England and Wales with 270 deaths.

In 1956 protection against poliomyelitis by immunisation was offered to the public for the first time. Parents of 585 children in Loddon District responded to this offer; that is to say that out of the total number of children eligible (those aged 2 to 9 years) the acceptance rate was about 39%. The acceptance rate for England and Wales was about 30%. Unfortunately, owing to an unexpected shortage of vaccine it was possible, during the year, to immunise no more than 10% of those children registered for immunisation. However, at the time of writing this report all the children on the original 1956 register have been immunised (with a few exceptions for medical reasons) and a further offer of registration has been made to parents of children born between the years 1947 to 1956 inclusive.

The following information is available regarding the results of the immunisations carried out in England and Wales in May and June 1956. Nearly 400,000 injections of vaccine were given with no ill effects: the only reactions attributable to the injections were trivial. Those who were immunised were divided into two groups, the older born in the years 1947 to 1950 and the younger in the years 1951 to 1954. As it was possible to immunise only 10% of those who registered it was reasonable to accept those registered but who received no vaccine as strictly comparable controls. In the older group of those vaccinated the attack rate of poliomyelitis last year was 1.3 per 100,000 (one case). Had the attack rate been the same as in the unvaccinated controls of this group, 6 cases would have been expected i.e. an attack rate of 8.2 per 100,000. The younger vaccinated children produced 3 cases (4.1 per 100,000), whereas 15 would have been expected on the rate observed among the younger controls (20.1 per 100,000). In both groups, therefore, the apparent protection was about 80%, though with such small numbers of cases this figure must be accepted with great reserve. Better evidence of the efficiency of vaccination should be available when the results of the 1957 campaign are assessed.

(d) Scarlet Fever

Thirty six cases were notified; these were scattered cases of the mild form of the disease which is characteristic of present day infections, and distributed fairly regularly throughout the four quarters of the year. Control by the detection of symptomless carriers reduces the number of cases, but the occurrence of mild undetected infections tends to prolong an outbreak.

(e) Paratyphoid Fever

There was one case of paratyphoid fever in a woman living alone in a bungalow with modern sanitation. None of the relations with whom she associated were found to be carriers and there was no reason to suspect that she caught the infection from food or drink consumed in her home. There was every reason to suspect, however, that she contracted the disease while on holiday.

(f) Dysentery

In England and Wales the incidence of dysentery shows considerable increase in recent years. Fortunately the duration of the disease is short and the fatality rate very low. In 1955 the notifications of dysentery in England and Wales were the highest on record (36,718 cases).

Dysentery (Sonnei type) is largely transmitted from person to person and not as a rule by means of contaminated food. This means that scrupulous personal hygiene is essential if the spread of the infection is to be avoided. Ten cases of this disease were notified in Loddon District in 1956.

Seven of these occurred in an outbreak at a boarding school. Two carriers were found amongst the staff - one of whom was an assistant cook. Fortunately the outbreak was quickly controlled thanks to the complete co-operation of the school management with the health department.

(g) Vaccination against Smallpox

The recorded vaccination rate for Area 5 in 1956 was 87%. One hundred and forty seven children in the age group 0-4 years in Loddon R.D.C. were given primary vaccination, (births during the year were 191). In 1955 the vaccination acceptance rate for infants in England and Wales was just over 36%. As in the case of other immunisation procedures the ideal infant acceptance rate for the protection of the community against smallpox is 75%.

(h) Tuberculosis

Since 1951 the number of deaths in England and Wales from tuberculosis of the lungs has been more than halved. In the same period the number of deaths from other forms of tuberculosis has fallen by almost two thirds.

A feature of mortality in recent years has been that in females the high relative death rate in adolescence has disappeared and most deaths, as in males, are tending to occur in later life. In 1955 the peak of male deaths was in the age group 65 to 69 years.

Notifications of tuberculosis have declined by nearly 27% since 1949.

The attack against tuberculosis is now undertaken with increasing optimism and the line of attack is shaping as follows:

(a) Examination of family contacts of notified cases and widening the check on contacts beyond family contacts.

(b) Detecting or confirming cases by mass radiography surveys and examining contacts of such cases. Such surveys aim primarily at the most susceptible sections of the population.

(c) Protecting school-leavers by B.C.G. vaccination where a skin test shows there is inadequate immunity; offering similar protection to family contacts of cases where this is indicated.

(d) Investigating (X-ray etc.) school-leavers (and their family contacts) whose reactions to a skin test shows that they have acquired some immunity by contact with the disease.

(e) Skin testing of school children in areas where the incidence of tuberculosis is above average or where it is known the school population as a whole has been exposed to the risk of infection, and investigating "positive reactors".

(f) Skin testing of school entrants, followed by yearly skin tests where the first test is negative. Should the skin test become positive then the source of this apparently recent infection has a fair chance of being uncovered.

(g) Including periodic X-ray chest examinations as a routine in certain types of employment i.e. teachers, certain food-handlers, etc.

The foregoing outlines measures for personal protection. Control of milk and food supplies, good housing and good living standards are the well-recognised community measures for indirect control of the disease.

In carrying out mass radiography the primary object is to find the number of "cases of tuberculosis requiring treatment or close clinic supervision". Among "general public volunteers" X-rayed in England and Wales in 1954 the number so found produced a rate of 2.0 per 1,000 persons X-rayed. Six new cases of tuberculosis were notified in Loddon District in 1956, which is the average yearly figure over the past four years.

V. Cancer

There were 15 deaths in Loddon District in 1956 as a result of Cancer, or 10.5% of the total deaths. This is the lowest percentage recorded during the past nine years.

There were two deaths from lung cancer - both males. Statistical details of lung cancer deaths are shown in the tables appended to this Report.

The upward trend in deaths from lung cancer throughout England and Wales continues. Between 1936 and 1955 deaths from lung cancer in men has increased fourfold, and the rate in women has doubled.

"Civilized man appears to increasingly surround himself with an unnatural chemical environment whose carcinogenic (cancer causing) potentialities are being gradually explored. To what extent human cancer is caused by environmental carcinogens is not yet known but, as more and more of the chemical substances which man inhales, absorbs, or ingests are being proved carcinogenic to animals, it seems reasonable to infer that certain cancers of the human body may be initiated or promoted by such substances. The long latent period usually separating the first contact of an agent and the first signs of established malignant disease tends to make the ascertainment of direct proof of causation a long and laborious business and such proof may never be forthcoming". (Ministry of Health, Annual Report 1955).

With regard to lung cancer it is reasonable to assume that attempts will be made to eliminate any established carcinogens from tobacco tar in order to meet the grave suspicion that tobacco smoke is a cause of this disease.

Meanwhile the individual who struggles to reduce or give up his smoking might best be assisted by the creation in the community of conditions in which encouragement and opportunities for smoking are lessened. Most important of all is the necessity to warn school children of the dangers of smoking. A survey recently carried out in a large school in Manchester showed that in the age group 14½ to 15½ years nearly half of the boys and nearly one-fifth of the girls had acquired a taste for smoking.

VI. Housing

Progress in dealing with unfit houses as required by the Ministry under the Housing Repairs and Rents Act, 1954, continued satisfactorily during the course of the year.

Much has already been said and written about the advantages of specialised housing for the aged, particularly those schemes which provide grouped dwellings including a warden's house. The administrative advantage of these schemes is the fact that the small unit allocated to old people will almost certainly free a larger dwelling for a young family in need; provided these small units are incorporated within the Council housing area there should be little difficulty in persuading the old people to move.

It is now accepted that with the increasing number of old people in the population the problem of housing the elderly and providing care for them is of particular importance. In 1901 children under 15 years of age amounted to 32 per cent of the population of England and Wales and persons of 65 years of age, or over, to 5 per cent; in 1955 the proportions were respectively 23 per cent and 11 per cent.

During 1956 your Council constructed a further three bungalows and fifteen houses. The total number of Council houses in Loddon Rural District is now 862 or over 20% of the total houses in the District.

Further and more detailed information on housing is contained in the Public Health Inspector's Report (appended).

VII. Water Supplies

Details of the water supply system are contained in the Public Health Inspector's Report (appended).

During the year chemical and bacteriological examination of your Council's main water supplies gave satisfactory results.

Extension of the water reticulation within the eastern parishes was carried out during the year and at the time of writing this Report work has begun on the laying of water mains in the northern parishes.

VIII. Sewage Disposal

Work on the Ditchingham sewerage scheme continued throughout the year.

As stated in the Annual Report for 1955 sewerage schemes for other areas in the Waveney valley are a matter for urgent consideration: of these, a scheme for Gillingham appears to be the most urgent. Thurlton and Norton are also in need of comprehensive sewerage schemes.

IX. Conclusion

Infectious diseases are no longer the chief killers of our children. Almost twice as many children aged 5 to 14 die from violence (on the road or in the home) as from all infectious and respiratory diseases put together; in pre-school children deaths from accidents in the home are three times greater than deaths from infectious diseases.

Notifications of Dysentery in 1955 in England and Wales were the highest on record (36,718). There has been a considerable increase in Sonnei dysentery (the commonest form of dysentery) during the past ten years. In children the liability to contract this disease is far in excess of that in the older age groups. No doubt this may be explained by the fact that personal hygiene is the most important factor in preventing the disease spreading and

the young are most likely to be at fault in the habit of regular hand-washing (the simplest and the best method of controlling many diseases).

Food poisoning is another problem causing anxiety. Incidents are steadily increasing. In 1955 the incidence was 49 per cent above that of 1954. The final answer lies in the education of all food handlers until scrupulous cleanliness and the use of "no-touch" techniques become second nature. This sounds hopelessly idealistic - but perhaps not so if microbe awareness is developed early in life. To stand in a kitchen and watch even intelligent and well-educated cooks at work leads to one conclusion only: that there are very few people who believe wholeheartedly in dangerous germs.

Whatever may be the difficulties the fact remains that school is the place to develop an awareness of unpleasant social problems such as harmful microbes, smoking, or litter. It is equally necessary to ensure that the school as a meeting place where these problems should be stressed has itself the best standard of sanitation which local amenities allow - so that Authority appears to be practising what it preaches. Needless to say the fundamental need is a good water supply on which the remaining items of sanitation can be built up.

One wishes that the child at school could be taught something of the world of invisible microbes. The Microbe Man is quite as fascinating as the Space Man, infinitely more realistic (particularly to the school child who suffers the pangs of immunisation) of great practical importance, and equally adaptable to the strip cartoon.

But unexpected ignorance in matters of health need not always exasperate. There was the mother at school medical inspection who having been told that her daughter needed adjustment to her shoes to correct a foot fault remarked, after all the details were explained, "Yes, but her father doesn't like her feet interfered with".

X. In conclusion I wish to thank the Chairman, the Clerk of the Council, and Members of the Public Health Committee for their continued support and encouragement and for the enthusiastic and efficient help given me by the Public Health Inspectors and Council staff, and by the Clerical Staff at the Local Health Office, Norwich.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant.

W. E. Holmes

LODDON RURAL DISTRICT

Table 1. GENERAL STATISTICS

Area (in acres)	60,273
Estimated Resident Population	12,790
Rateable Value	£315
Sum represented by a Penny Rate	£76,696

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	87	91	178
Illegitimate	5	8	13
Totals	92	99	191

Live Birth Rate per 1,000 of estimated Resident Population.

Loddon Rural District	...	...	14.9
Area 5	...	...	14.2

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	4	3	7
Illegitimate	-	-	-
Totals	4	3	7

Still Birth Rate per 1,000 total births:

Loddon Rural District	...	...	35.3
Area 5	...	...	23.7

Table 4. DEATHS (All ages)

Male	Female	Total
74	69	143

Crude Death Rate per 1,000 of estimated Resident Population.

Loddon Rural District	...	...	11.2
Area 5	...	...	11.4

Table 5. INFANT MORTALITY (Deaths of Infants under one year)

	Males	Females	Total
Legitimate	1	1	2
Illegitimate	-	-	-
Totals	1	1	2

Infant Mortality per 1,000 Live Births:

Loddon Rural District	...	...	10.5
Area 5	...	...	20.8

(Area 5 comprises Depwade & Loddon R.D's. and Diss & Wymondham U.D's.)

Table 6. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR - Loddon R.D.

Cause	Male	Female	Total
23. Pneumonia	-	1	-
31. Congenital malformations.	1	-	1
Totals	1	1	2

Table 7. CAUSE OF TOTAL DEATHS (Registrar-General) - Loddon R.D.

Cause	Male	Female	Total
1. Tuberculosis; respiratory.	1	1	2
2. Tuberculosis, other.	-	-	-
3. Syphilitic disease.	-	-	-
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal infections.	-	-	-
7. Acute poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other infective and parasitic diseases.	-	-	-
10. Malignant neoplasm, stomach.	1	-	1
11. Malignant neoplasm, lung, bronchus.	2	-	2
12. Malignant neoplasm, breast.	-	4	4
13. Malignant neoplasm, uterus.	-	1	1
14. Other malignant and lymphatic neoplasms.	4	3	7
15. Leukemia, Aleukemia.	1	-	1
16. Diabetes.	1	1	2
17. Vascular lesions of nervous system.	3	11	14
18. Coronary disease, angina.	14	11	25
19. Hypertension with heart disease.	1	2	3
20. Other heart diseases.	18	17	35
21. Other circulatory diseases.	3	5	8
22. Influenza.	-	-	-
23. Pneumonia.	3	4	7
24. Bronchitis.	6	1	7
25. Other diseases of respiratory system.	2	-	2
26. Ulcer of stomach and duodenum.	2	-	2
27. Gastritis, enteritis and diarrhoea.	-	-	-
28. Nephritis and nephrosis.	1	-	1
29. Hyperplasia of prostate.	3	-	3
30. Pregnancy, childbirth and abortion.	-	-	-
31. Congenital malformations.	1	-	1
32. Other defined and ill-defined diseases.	4	5	9
33. Motor vehicle accidents.	2	1	3
34. All other accidents.	-	1	1
35. Suicide.	1	1	2
36. Homicide and operations of war.	-	-	-
Totals	74	69	143

Table 8. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR 1956
(According to Age Groups)

Loddon R.D.	Males	Females	Total
Under 1 year	1	1	2
1 and under 5	-	1	1
5 " " 10	-	-	-
10 " " 20	1	-	1
20 " " 30	1	-	1
30 " " 40	1	2	3
40 " " 50	2	1	3
50 " " 60	5	10	15
60 " " 70	16	8	24
70 " " 80	28	19	47
80 " " 90	17	21	38
90 " " 100	2	6	8
100 and over	-	-	-
Total	74	69	143

Table 9. SUMMARY OF BIRTH AND DEATH RATES

	1949	1950	1951	1952	1953	1954	1955	1956
<u>Live Births (per 1,000 pop.)</u>	(194)	(175)	(192)	(186)	(177)	(181)	(163)	(191)
Loddon R.D.	15.4	13.6	15.2	14.7	13.8	14.1	12.8	14.9
Area 5.	14.5	14.9	15.4	15.6	14.3	13.4	14.3	14.2
England and Wales.	16.7	15.8	15.5	15.3	15.5	15.2	15.0	15.7
<u>Still Births (per 1,000 total births)</u>	(9)	(4)	(7)	(4)	(1)	(4)	(4)	(7)
Loddon R.D.	44.3	22.3	35.1	21.0	5.6	21.6	23.9	35.3
Area 5.	27.0	23.0	26.8	28.0	17.1	26.0	20.8	23.7
England and Wales.	(Not Published)			22.6	22.4	24.0	23.1	23.0
<u>Crude Deaths (per 1,000 pop.)</u>	(133)	(133)	(166)	(141)	(127)	(131)	(125)	(143)
Loddon R.D.	10.5	10.3	13.0	11.1	10.1	10.2	9.8	11.2
Area 5.	13.3	12.1	14.0	12.6	10.9	11.6	11.8	11.4
England and Wales.	11.7	11.6	12.5	11.3	11.4	11.3	11.7	11.7
<u>Infant Mortality (per 1,000 live births)</u>	(4)	(1)	(5)	(2)	(8)	(2)	(3)	(2)
Loddon R.D.	20.6	5.7	26.0	10.7	45.1	11.0	18.4	10.5
Area 5.	21.0	14.5	27.5	28.8	34.8	7.1	19.0	20.8
England and Wales.	32.0	29.8	29.6	27.0	26.8	25.5	24.9	23.8

NOTE:- Figures in brackets are the actual numbers for Loddon R.D.

Table 10. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)
(ACCORDING TO AGE GROUPS) - Loddon R.D.

	Under 1	1-4 yrs	5-14 yrs	15-24 yrs	Over 25	Total
Scarlet Fever.	-	10	25	-	1	36
Measles.	-	15	23	-	-	38
Whooping Cough.	-	7	8	-	2	17
Pneumonia.	1	-	-	-	7	8
Infective Jaundice.	-	-	1	-	2	3
Erysipelas.	-	-	-	-	4	4
Dysentery (Sonne).	-	1	6	1	2	10
Food Poisoning.	-	1	-	-	1	2
Puerperal Pyrexia.	-	-	-	2	-	2
Paratyphoid.	-	-	-	-	1	1
Totals	1	34	63	3	20	121

Table 11. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)
Loddon Rural District

	Quarters				Total
	1st	2nd	3rd	4th	
Scarlet Fever.	5	13	10	8	36
Measles.	5	12	21	-	38
Whooping Cough.	1	-	4	12	17
Pneumonia.	6	1	-	1	8
Infective Jaundice.	-	-	2	1	3
Erysipelas.	-	1	3	-	4
Dysentery (Sonne).	9	-	1	-	10
Food Poisoning.	-	-	1	1	2
Puerperal Pyrexia.	-	-	1	1	2
Paratyphoid.	-	-	1	-	1
Totals	26	27	44	24	121

Table 12. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS)
DURING LAST FIVE YEARS - Loddon R.D.

	1952	1953	1954	1955	1956
Scarlet Fever.	9	5	4	9	36
Measles.	53	8	171	19	38
Whooping Cough.	10	12	74	19	17
Pneumonia.	12	15	10	6	8
Infective Jaundice.	4	-	2	3	3
Erysipelas.	-	5	-	-	4
Dysentery (Sonne)	-	4	3	9	10
Food Poisoning.	-	11	2	3	2
Puerperal Pyrexia.	3	2	2	4	2
Undulant Fever.	1	-	-	-	-
Poliomyelitis (Paralytic).	-	-	1	1	-
Poliomyelitis (Non-paralytic).	-	-	-	-	-
Paratyphoid.	-	-	-	-	1
Totals	92	62	269	73	121

Table 13. TUBERCULOSIS (DETAILS OF NEW CASES DURING 1956)
(Loddon R.D.)

Age Period	Pulmonary		Non-Pulmonary	
	M	F	M	F
0-4	-	-	1	-
5-14	-	-	-	-
15-22	1	-	-	-
23-34	-	1	-	-
35-44	-	-	-	-
45-54	-	-	-	-
55-64	3	-	-	-
65 and over	-	-	-	-
Totals	4	1	1	-

Table 14. TUBERCULOSIS (NUMBER OF CASES ON T.B. REGISTER AS AT 31.12.56)
(Loddon Rural District)

	Males	Females	Total
Pulmonary	27	24	51
Non-Pulmonary	8	5	13
Total	35	29	64

Table 15. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS
(Loddon Rural District)

	1952	1953	1954	1955	1956
Pulmonary					
Male	5	4	2	-	4
Female	7	3	5	-	1
Non-Pulmonary					
Male	2	-	-	-	1
Female	1	1	-	1	-
Total	15	8	7	1	6
Area 5 Total	43	24	23	13	17

Table 16. DIPHTHERIA IMMUNISATION

The following is the number of notifications of primary and booster injections received during the last six years in respect of Area 5.

	Primary Injections			Booster Injections		Total
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14	
1956	390	523	139	62	886	1,610
1955	283	463	86	45	251	845
1954	237	486	171	26	983	1,666
1953		493	392	36	1,855	2,776
1952		371	95	15	598	1,070
1951		460	70	9	178	717

Table 17. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the years 1952 to 1956 resident in the District and Area 5, are shown in the following table.

	Loddon R.D.					Area 5				
	1952	1953	1954	1955	1956	1952	1953	1954	1955	1956
Number of live births registered.	186	177	181	163	191	623	574	560	577	576
Number of vaccinations recorded (0-4 years)	94	133	131	99	147	315	391	375	361	500
Percentage vaccinated	50	75	72	60	77	50	68	67	62	87

Table 18. VACCINATION AGAINST POLIOMYELITIS

District	Eligible for Vaccination. (i.e. Births 1947-1954)	Number Accepted	% Accepted	Number ϕ Vaccinated
Diss U.D.	408	105	25	11
Wymondham U.D.	691	172	25	26
Depwade R.D.	2,263	713	31	59
Loddon R.D.	1,511	585	39	70
Totals - Area 5	4,873	1,575	32	166

ϕ Only 10% of the acceptances were vaccinated owing to the limited supply of vaccine.

Table 19. DEATHS DUE TO CANCER - Loddon R.D.

	1948	1949	1950	1951	1952	1953	1954	1955	1956
Number of deaths.	19	27	18	25	26	32	28	21	15
Percentage of total deaths.	14.8	23.3	13.3	15.0	18.4	25.2	21.3	16.8	10.5

Table 20. DEATHS DUE TO CANCER - Area 5.

	1948	1949	1950	1951	1952	1953	1954	1955	1956
Number of deaths.	83	82	84	86	82	74	87	73	65
Percentage of total deaths.	16.9	16.8	17.3	15.3	16.3	16.9	18.5	15.2	14.0

Table 21. CANCER DEATHS DURING LAST SEVEN YEARS -- Loddon R.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1950	74	8	2	59	10	-
1951	77	12	2	88	13	-
1952	59	13	4	79	13	-
1953	60	14	2	67	18	1
1954	72	15	1	59	13	-
1955	60	8	1	65	13	-
1956	74	7	2	69	8	-
Totals	476	77	14	486	88	1

Loddon Rural District Council.

ANNUAL REPORT OF THE
SENIOR PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1956.

Council Offices,
LODDON,
Norfolk.

To the Chairman and Members of the
Loddon Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report
for the year ending 31st December, 1956.

H O U S I N G.

(a) OLD DWELLINGS.

Further interest has been shown by the Public
in the improvement of existing houses lacking modern
facilities. The number of applications for Grants on
86 properties, was an increase on all previous years. In
1954, for example, there were only 24 such applications.

The Council approved 84 of the applications
received and refused 2.

Of the improvement work completed during the
year there were :-

62	Improved Houses.
8	Conversions.
<u>70</u>	Total.

Once again, the number of houses improved by
owners for their tenants, was far in excess of the number
by owner/occupiers, the figures being 44 and 26 respectively.

Now that water mains have been laid in most parishes,
and electricity services are being provided when possible, the
provision of sanitation and plumbing facilities are, therefore,
part of this essential programme, and should proceed as the
second stage in improving and increasing amenities in rural
communities.

Other Action Taken :-

Houses Demolished	16
Undertakings not to re-let	31
Notices of Time & Place (C.O's)...	5
Closing Orders	7
Notices of Time & Place (D.O's)...	12
Demolition Orders	5
Old Dwellings used as Stores	4

(b) NEW DWELLINGS.

There were 51 new dwellings erected; the total
being made up as follows :-

Bungalows	Council	3
	Private	<u>22</u>
		<u>25</u>
Houses.	Council	15
	Private	<u>11</u>
		<u>26</u>

TOTAL 51 DWELLINGS.

(c) OVERCROWDING.

There were no cases reported.

(d) VERMINOUS AND DIRTY PREMISES.

Three such properties were reported and treated with Gammexane Fumigators and Insecticide. Over the years there has been a considerable decline in the number of such cases.

Number of Visits 9.

(e) MOVEABLE DWELLINGS.

There is one licensed caravan site in the district and a second site was provisionally approved, subject to the installation of satisfactory toilet accommodation and water supply, but no licence has been issued.

Ten licences to station individual caravans were issued. There was no increase over the previous year.

Number of Visits 14.

W A T E R S U P P L I E S.

The total rainfall in the Loddon area was 22.06 inches. This was an increase of $3\frac{1}{4}$ inches over last year's low figure.

Rainfall in the Loddon Area for 1956.

Month.	Monthly Rainfall.	Total Inches.	1955 Total.
January..	--	--	1.7.
February.	--	5.27	3.58
March.	0.89.	6.16.	4.82
April.	0.77	6.93	5.13
May.	0.68	7.61	7.27
June.	2.17	9.78	9.10
July.	2.39	12.17	9.25
August.	3.13	15.30	10.97
September.	1.21	16.51	12.65
October.	2.81	19.32	16.67
November.	1.34	20.66	17.58
December.	1.40.	22.06	18.85

The Norfolk average over 10 years is 24.77 inches.

(b) WATER SAMPLES.

	Satisfactory.	Unsatisfactory.	Total.
Council Mains.	58	0	58
Other Supplies.	26	29	55
TOTAL.	84	29	113

17 Houses were connected to the mains as a result of unsatisfactory well supplies.

8 wells were cleaned out and made satisfactory.

(c) MAINS SUPPLIES.

Mains water is supplied by the Norwich Water Works and from the headworks at Outney Common, Bungay.

New water mains were laid in the Parishes of Burgh St. Peter, Aldeby, and Wheatacre.

Number of Connections :-

See sheet 4.

The number of connections made during the year exceeds that of the previous year by 78, bringing the average rate of connections to over 7 per week throughout the year. This is again a good increase, considering that the available labour has been three men for the greater part of the year.

Number of Visits 215.

SEWAGE DISPOSAL

Apart from the Council House plants and private septic tanks, sewage is treated at the two main plants at Loddon and Brooke. These plants continued to work satisfactorily. Some trouble was located in one of the sewage pumping stations in Loddon. This was rectified by the makers and was found to be an installation fault. All the electrical maintenance on these plants is carried out by a local firm of electrical contractors.

The new Ditchingham scheme was completed apart from the sewer laterals which were still being laid. The plant should be in operation by early Spring 1957. The preparation and service of Notices on owners to connect to the sewer has been commenced.

Number of Visits 509.

PARISH.	Meter Supplies.	Council Houses. House. S.Pipe.	Private. House. S.Pipe.	Total For Yr.	Total to 31.12.56.
ALDEBY.	7	25 --	28 --	60	60
ALPINGTON.	1	-- --	5 --	6	10
BEDINGHAM.	1	-- --	2 --	3	32
BERGH APTON.	2	-- --	6 --	8	61
BROOKE.	3	-- --	5 --	8	208
BROOME.	--	6 --	6 --	12	62
BURGH ST. PETER	1	-- --	10 --	11	11
CHEDGRAVE.	--	-- --	7 --	7	85
DITCHINGHAM.	5	-- --	17 --	22	221
ELLINGHAM.	1	-- --	6 --	7	45
GELDESTON.	2	-- --	12 --	14	77
GILLINGHAM.	1	8 1-4	11 --	24	62
HADDISCOE.	5	-- --	11 --	16	59
HALES.	--	-- 1-2	2 --	4	70
HECKINGHAM.	2	-- --	9 --	11	32
HEDENHAM.	2	-- --	7 --	9	55
HELLINGTON.	--	-- 1-2	-- --	2	2
HOWE.	--	-- --	1 --	1	18
KIRBY CANE.	6	9 --	9 1-2	26	60
KIRSTEAD.	--	-- --	-- --	--	35
LODDON.	6	-- --	3 --	9	416
MUNDHAM.	--	-- --	3 --	3	29
NORTON SUBCOURSE.	6	-- --	8 --	14	44
RAVENINGHAM.	6	-- --	22 --	28	74
SEETHING.	1	-- --	4 --	5	58
STOCKTON.	2	-- --	5 --	7	16
THURLTON.	3	2 --	6 --	11	51
THURTON.	--	-- --	1 2-6	7	20
TILWAITE.	1	-- --	1 --	2	23
TOFT MONKS.	5	-- --	16 --	21	64
TOPCROFT.	--	-- --	2 --	2	81
WHEATACRE.	4	8 --	2 --	14	14
WOODTON.	1	2 --	-- --	3	82
YELVERTON.	1	-- --	6 --	7	23
	75	60 8	233 8	384	2,260

REFUSE COLLECTION AND DISPOSAL

The present collection is carried out by a driver/loader and two loaders, in an 11 cu.yd. side-loading vehicle. 16 Parishes and Camp Sites are served on a fortnightly basis. With reference to the Comprehensive Scheme, the new vehicle should be delivered by mid summer 1957. This vehicle is to be an 18 cu.yd. Fore and Aft Tipper and with the same crew will be able to carry out a fortnightly collection from the whole district. When this is in operation another advance will have been made in the progress of Public Health.

The disposal of refuse is by controlled tipping at the two tips, Chedgrave and Ditchingham. One attendant is responsible for tip maintenance. Throughout the summer months constant attention is paid to fly control by the use of powders and insecticide liquid spray.

The Comprehensive Scheme may well present problems, mainly because of the increase in the quantity of refuse. This will require more maintenance, more soil for covering and increased fly control.

Light metal scrap continues to be salvaged and is sold to the local firm of scrap metal merchants.

Weight of tins salvaged 6 tons 11 cwt.

The sale of tins realised £16. 8. 1d.

Number of Visits ... 112.

SUPERVISION OF FOOD SUPPLIES

(1) MEAT INSPECTION.

Of the food animals killed for sale 100% inspection was carried out. The following details show the number of animals slaughtered and the condemnations such as were necessary :-

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR PART.

Details.	Cattle	Calves.	Pigs.	Sheep.
Number killed.	147	1	74	Nil.
Number inspected.	147	1	74	Nil.
<u>All Diseases except Tuberculosis.</u>				
Whole carcase condemned.	Nil.	Nil.	Nil.	Nil.
Carcases of which some part or organ was condemned.	8.	Nil.	6.	Nil.
Percentage of inspected number affected with disease other than T.B.	5.4%	Nil.	8.1%	Nil.
<u>Tuberculosis only.</u>				
Whole Carcases condemned.	Nil.	Nil.	Nil.	Nil.
Carcases of which some part or organ was condemned	10	Nil	2.	Nil.
Percentage.	6.8	Nil	2.8	Nil.

SUPERVISION OF FOOD SUPPLIES Cont'd

MEAT INSPECTION

The following condemnations were made and voluntarily surrendered :-

CONDITION.	BEASTS.	PIGS.
Tuberculosis.	2 Heads.	--
"	2 Tongues.	--
"	6 Lungs.	--
"	4 Mesenteric Fats.	2 Mesenteric Fats.
"	1 Liver.	--
Distomatosis.	1 Liver.	--
Abscessed.	4 Livers.	1 Head. 1 Shoulder.
"		
Pleurisy.	--	1 Set Lungs.
Cirrhosis.	1 Liver	2 Livers.
Hydronephrosis	1 Kidney.	4 Kidneys.
Fracture.	--	1 Leg.

(2) INSPECTION OF OTHER FOOD SUPPLIES.

Inspection of other food supplies was carried out and resulted in the voluntary surrender of :-

Tinned Ham 9 lb 8 oz.
Tinned Meat 12 lb 15 oz.
Tinned Beans 13 lb 8 oz.
35 lb 15 oz.

(3) MILK SUPPLIES.

Loddon Rural District is part of a special designated area, where no milk other than Specially Designated Milk may be sold. This refers to Pasteurised, Sterilized and Tuberculin Tested Milk.

The following dealers' licences were issued :-

9 Dealers' Licences to sell T.T. Milk
8 Dealers' Licences to sell Pasteurised and Sterilized Milk.
5 Supplementary dealers' licences to sell T.T. Milk.
6 Supplementary dealers' licences to sell pasteurised and sterilized Milk.

S U P E R V I S I O N O F F O O D S U P P L I E S. Cont'd.

(4) ICE CREAM.

Two new Certificates of Registration were issued under the Food and Drugs Act. The total number registered for the sale of ice cream was 32. There were 3 premises which ceased to sell ice cream.

All ice cream sold in the district is prepacked, with the exception of one manufacturer in the area. Strict control is kept in the latter case to see that hygienic standards are maintained.

Ice cream sampling gave the following results :-

Grade I	15
Grade II	3
Grade III	0
Grade IV	<u>0</u>
	<u>18.</u>

NUMBER OF VISITS 33.

(5) SLAUGHTER HOUSES AND KNACKERS YARDS.

There are two licensed slaughter houses and two knackers yards in the district. Eighteen men are licensed to slaughter animals.

(6) FOOD PREMISES.

The Food Hygiene Regulations 1955 came into force during the year. The scope of these regulations covers premises where food is stored, prepared, sold and eaten. Over one hundred inspections were made in this connection. Concentration has been made on bakehouses, fish frying shops and premises where meat dishes are pre-cooked. Improvements were necessary in many cases, and considerable work has been carried out in the provision of wash-hand basins, sinks and hot water, etc. All the main food premises have now been dealt with.

In spite of these regulations and the money spent on hygienic improvements, the real answer lies in the education of the public. This surely must commence in the home and be continued at school. Unfortunately the number of adults who do not observe the primary rules of hygiene, is still too high. The Council for Health Education is doing invaluable work in this field, by the issue of films and posters. Your own Public Health staff endeavour to carry on this work in their day to day contact with the public. There has been a great improvement in hygienic standards since the war, but there is still no room for complacency.

OTHER VISITS TO FOOD PREMISES 169

R O D E N T C O N T R O L .

One Rodent Operator is employed, and half of the cost of the work is borne by the Ministry of Food, Agriculture & Fisheries. Great strides have been made in latter years and infestations as such are mainly of a minor nature. The work is carried out in co-operation with the Ministry, who hold one day courses twice a year for local Rodent Operators.

All business and domestic premises were inspected and work on agricultural property has been maintained.

I N F E C T I O U S D I S E A S E C O N T R O L .

Forty four visits were made, the majority being due to an increase in the number of cases of Scarlet Fever.

There was no outbreak of food poisoning during the year, although there were a few isolated cases suffering from food poisoning organisms.

F A C T O R I E S A C T .

The premises of one factory were extended. Improvements were made to the toilet facilities in three cases.

There are five outworkers in the district.

One Certificate of Means of Escape was issued during the year.

N U M B E R O F V I S I T S 44 .

I N S P E C T I O N S A N D V I S I T S .

Drainage	156.
Drainage Tests	180.
Foul Water Courses	3.
Public Conveniences	49.
Nuisances Abated	10.
Building Byelaws	331.
Improvement Grants	489.
Housing	143.
Town & Country Planning	40.
Meetings with owners, etc.....	85.
Miscellaneous Visits	278.
Petroleum Installations	23.

PLANS.

Building Byclaws.

Submitted	141.
Approved	137.
Refused	4.

Town & Country Planning.

Submitted	139.
Approved	129.
Permitted Development	6.
Refused	4

Finally I wish to record my thanks to the members of the Council and the Public Health Committee for the interest and support given, also to Dr. W. E. Holmes, the Medical Officer of Health, for his kind help and co-operation.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

K.S.STARLING, M.R.S.H., M.A.P.H.I., M.I.P.H.E., M.I.H.

